

Developmental Disabilities Administration

Ticket#

Personal Support Error Update

Please fill all the following required information:

Consumer Name:	PCIS2 ID:
Provider Name:	Provider No:
Site Address:	Site Number:
Operation Month & Year:	Changes requested by:
E-mail:	Phone and Extension:
Agency's Executive Director's Signature:	
Agency Comments:	DDA Comments:
<p align="center">SERVICE TIME</p> <p>Please enter hours in 0.25 increments.</p> <ul style="list-style-type: none"> ❖ 0 min = Less than 7 minutes per day (not billable) ❖ .25 min = Greater than or equal to 8 minutes, but less than 23 minutes (8 to 22 min) ❖ .50 min = Greater than or equal to 23 minutes, but less than 38 minutes (23 to 37 min) ❖ .75 min = Greater than or equal to 38 minutes, but less than 53 minutes (38 to 52 min) ❖ 1.0min = Greater than or equal to 53 minutes, but less than 68 minutes (53 to 67 min) 	<ul style="list-style-type: none"> ❖ 1.25 min = Greater than or equal to 68 minutes, but less than 83 minutes ❖ 149 min. = 2hrs Greater than or equal to 90 min. but less than 149 minutes. ❖ 1.50 min = Greater than or equal to 83 minutes, but less than 98 minutes (83-97 min) ❖ 1.75 min = Greater than or equal to 98 minutes, but less than 113 minutes (98-112 min) ❖ 2.0 min = Greater than or equal to 113 minutes, but less than 128 minutes (113 to 127 min) <p>Total Hours Used = <input type="text"/></p>

Base ☐

Professional Support: Behavior Support ☐

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Professional Support: Nursing ☐

Professional Support: General ☐

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Approved:

Changes Made by:

Date:

Date:

(Regional Office Staff)

(DDA-HQ Staff)